

Membership Application Form



➔ 1. Company Information:

Company Name: _____ Registration Number: _____

Trading Address: _____

Postcode: _____

Tel. Number: _____ Fax No: _____

Email address: _____

Website address: _____

Home address: (If sole trader) _____

➔ 2. Directors / Partners Details:

Name: _____ Date of Birth: _____ Title: _____

➔ 3. Company History:

Annual Turnover: _____ Contracts per month: _____ Average contract value: _____

Number of Salesmen: _____ Products: _____

Are you registered with:

Fensa, Certass, Assure or Other (Please state i.e. RECC) _____

➔ 4. Details of two Principal Suppliers:

Company 1: _____ Company 2: _____

Contact name: _____ Contact name: _____

Email address: _____ Email address: _____

➔ 5. Accountants Details:

Name: _____

Address: _____

Email address: _____

Please enclose copies of your last 12 months bank statements and a copy of your Guarantee/Workmanship warranty (clearly stating the guarantee period)

Guarantee period 2 years Guarantee period 5 years Guarantee period 10 years

I/We authorise Home Improvement Protection to make any enquiries necessary in the processing of this application. To the best of my knowledge the above information is true and correct.

Signature: _____ Position: _____ Date: _____